							Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOIL Effective December 29, 1999							09/654177					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
FO	R _.	NUMBER FILED		NUMBER I	NUMBER EXTRA		Ε	FEE		RATE	FEE	
ВА	SIC FEE		36					345.00	OR		690.00	
то	TAL CLAIMS	18	minus 20	0= *		X\$	X\$ 9=		OR	X\$18=		
IND	EPENDENT CLAIMS	5	5 minus 3 = *		2		X39=		OR	X78=	1500	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2							AL		OR	TOTAL	846.00	
CLAIMS AS AMENDED - PART II							OTHER THAN					
	(Column 1) (Column 2) (Column 3)				SMA	\LL I		OR	SMALL			
AMENDMENT A	1 20 04 REA	MAINING FTER NOMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total +	18	Minus	·· 2/	=	X\$	9=		OR	X\$18=		
	Independent +	5	Minus	*** <u> </u>	=	X39) =		OR	X/8=		
\vdash	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+13	0=		OR	+260=		
							DTAL			TOTAL		
	. (Co	ADDIT.	FEE			ADDIT. FEE						
AMENDMENT B) , , C	LAIMS	. 4	(Column 2) HIGHEST	(Column 3)			ADDI-	.		ADDI-	
	ELIO DY A	MAINING AFTER INDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΓE	TIONAL FEE		RATE	TIONAL	
	Total +	18_	Minus	· 30	=	X\$	9=		OR	X\$18-		
	Independent +	S ON OF MI	Minus	*** O	=	X39) =		OR	X78 ₌	·	
H	FIRST PRESENTATION OF MULTIPLE DEPE		. /		+13	0=		OR	+260=			
						TO ADDIT.	OTAL FFF		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)								_			
AMENDMENT C	COO REI	LAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA ⁻	rE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total •	18	Minus	20	=	X\$	9=		OR	X\$18≤		
AME	Independent +	5	Minus	5	=	X39	9=		OR	X78=		
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									 		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							0=		OR	+260=		
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												